

Application Data Sheet**Application Information**

Application Type::	Divisional
Subject Matter::	Utility
Title::	ULTRASONIC MEDICAL DEVICE AND ASSOCIATED METHOD
Attorney Docket Number::	W07-511
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	15
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Peter
Middle Name::	J.
Family Name::	WILK
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	475 E. 72 nd St., Suite 1L

City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10021

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: CA
Status:: Full Capacity
Given Name:: Timothy
Middle Name:: J.
Family Name:: NOHARA
City of Residence:: Fonthill
State or Province of Residence:: Ontario
Country of Residence:: CA
Street of mailing address:: 71 Millbridge Cr.
City of mailing address:: Fonthill
State or Province of mailing address:: Ontario
Postal or Zip Code of mailing address:: L0S 1E1

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: CA
Status:: Full Capacity
Given Name:: Peter
Family Name:: WEBER
City of Residence:: Dundas

State or Province of Residence:: Ontario
Country of Residence:: CA
Street of mailing address:: 6 Briar Lane
City of mailing address:: Dundus
State or Province of mailing address:: Ontario
Postal or Zip Code of mailing address:: L9H 6E8

Correspondence Information

Name: R. Nell Sudol
Street of mailing address:: 714 Colorado Avenue
City of mailing address:: Bridgeport
State or Province of mailing address:: Connecticut
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06605-1601
Phone number:: (203) 366-3560
Fax Number:: (203) 335-6899
E-Mail address:: mspatent@gis.net

Representative Information

Representative Customer Number::	28156	
----------------------------------	-------	--

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/514,928	02/28/00

Assignment Information

Assignee name:: WILK ULTRASOUND OF CANADA, INC.
Street of mailing address:: 130 Adelaide Street West, Suite 1010
City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M5H 3P5